



PPC[M]2017/05

Pharmacy Practices Committee

Minutes of a Meeting held on Friday 6 October 2017 at 11.00 am, in the Hub Meeting Room, Platform, The Bridge, 1000 Westerhouse Road, Glasgow, G34 9JW.

PRESENT:

Mr Ross Finnie	Chair
Mrs Morag Mason	Lay Member
Ms Leonora Montgomery	Lay Member
Mr Stewart Daniels	Lay Member
Mr Scott Bryson	Non-Contractor Pharmacist Member
Mr Kenneth Irvine	Contractor Pharmacist Member
Mr Ewan Black	Contractor Pharmacist Member

IN ATTENDANCE:

Mrs Janine Glen	Contracts Manager, NHS GG&C
Ms Tracey Turnbull	Legal Advisor, Central Legal Office
Ms Gillian Gordon	Secretariat, NHS NSS, SHSC

1 PRELIMINARY DISCUSSION

The Meeting convened at 0830 hours when the Chair dealt with the undernoted standard items.

1.1 MINUTES OF PPC OF 30 August 2017

1.1.1 The Minutes of the meeting of 30 August 2017 were noted approved proposed by Mr Irvine and seconded by Mr Daniels.

1.2 MATTERS CONSIDERED BY THE CHAIRMAN SINCE THE LAST MEETING

1.2.1 **Case No: PPC/MRELOC0032017– Abbey Chemist, 83 Trongate**

1.2.2 Abbey Chemist Ltd made an application to the Board to relocate their existing pharmacy from **144 Trongate Glasgow** to the above unit.

1.2.3 The Lead Pharmacist for Community Care recommended that the application **did fulfil** the criteria for a minor relocation. The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee also recommended that the application **fulfilled** the criteria for a minor relocation.

1.2.4 The Chairman, on the recommendation of the Board's advisors, determined that the application **did fulfil** the criteria of a minor relocation, and therefore **should be** approved under Regulation 5(4) of the National Health Service

(Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

1.2.5 Given the above, the Committee agreed that the criteria required by the Regulations **were fulfilled**, and **homologated** the Chairman's decision to **approve** the application.

1.2.6 **Case No : PPC/CO04/2017 – Change of Ownership – Fergusson Pharmacy Ltd 150 Petershill Road, Glasgow G21 4AL**

1.2.7 The Board received an application from Fergusson Pharmacy Ltd for inclusion in the Board's Pharmaceutical List at the pharmacy, previously listed as Hilltide Ltd, trading as Colin Fergusson Pharmacy, at the address given above with effect from 1 July 2017. The trading name of the pharmacy will be Fergusson Pharmacy.

1.2.8 The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

1.2.9 Given the above, the Committee agreed that the criteria required by the Regulations **were fulfilled** and **homologated** the Chairman's decision to **approve** the application.

1.3 **DECLARATIONS OF INTEREST**

1.3.1 The Chair called for declarations of interest. All present confirmed no interest in the application.

1.4 **SITE VISIT**

The Committee then left to undertake a joint visit to Wellhouse and the surrounding area.

2 **APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST -Case No: PPC/INCL05/2017**

Wellhouse Healthcare Ltd, 23 Newmills Road, Wellhouse, Glasgow, G33 4HH

2.1 The Pharmacy Practices Committee (PPC) convened at 1125 hours. Ms Turnbull, Mrs Glen and Ms Gordon were also in attendance.

2.2 **The Applicant and Interested Parties were invited into the meeting at 1130 hours**

2.2.1 The Applicant was represented by **Ms Danielle McTaggart** ("the Applicant") accompanied by **Mr Sanjay Majhu**. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this Hearing, were (i) **Mr Tom Arnott** representing Lloyds Pharmacy Ltd, accompanied by **Mr Tony O'Reilly** (ii) **Mr Dave Greer** representing Boots UK, accompanied by **Mr Bal Sagoo**, (iii) **Mr Edward Andrews** representing Wellhouse and Queenslie Community Council ("the Community Representative"); (together the "Interested Parties").

- 2.2.2** The Chair welcomed all and each participant introduced themselves.
- 2.2.3** The Applicant and Interested Parties were advised that a preliminary meeting had taken place at 0830 when all present were invited to state any interest in the application. No interests were declared. The meeting had been adjourned and a site visit carried out to familiarise the Committee with Wellhouse and the surrounding area.
- 2.2.4** The Chair advised all present of the necessary housekeeping and health and safety information.
- 2.2.5** The Chair stated that the oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended (“the Regulations”). The Committee was to consider the application submitted by Wellhouse Healthcare Ltd (the Applicant) to provide pharmaceutical services from premises situated at 23 Newmills Road, Wellhouse, Glasgow G33 4HH (“the Proposed Premises”).
- 2.2.6** The purpose of the meeting was for the Committee to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises were located.
- 2.2.7** Confirmation was sought by the Chair that the Applicant, Interested Parties and those assisting/supporting were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties individually confirmed that this was the case.
- 2.2.8** The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party. He then outlined the order in which speakers would be taken.
- 2.2.9** Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All individually confirmed their agreement.
- 2.2.10** The Chair noted that immediately prior to the hearing the Applicant had asked for two additional documents to be tabled, namely:
- A diagram showing the internal arrangements for the proposed premises; and
 - A document regarding a new housing development (Earlybraes).
- The Chair considered there to be nothing contentious about the document showing the layout of the proposed premises and allowed this to be tabled. He also allowed the document regarding the new housing development, and asked that the Applicant explain its relevance during the hearing.
- Copies of the documents were made available to all parties to the hearing.
- 2.2.11** Finally, the Chair confirmed that the Committee had read all the papers

submitted.

The Applicant was then asked to speak in support of her application.

3 THE APPLICANT'S CASE

3.1 The Applicant introduced herself and thanked the Committee for taking the time to hear the application. Ms McTaggart then read from a prepared statement as follows:

3.2 She said that she hoped to satisfy the panel that a new pharmacy contract was indeed necessary and desirable to secure adequate provision of pharmacy services within this neighbourhood.

3.3 The defined boundaries were as follows:

North- M8
East- Wellhouse Road
South- Edinburgh Road
West- Stepps Road.

3.4 She stated that Wellhouse was constructed in the 1950s as part of "Greater Easterhouse". However, it was physically separated from the main scheme and amenities by M8 motorway. It was bordered to the south by Barlanark which was across Edinburgh Road and, to the East, by the smaller district of Easthall. It was undeniably a neighbourhood in its own right with a population of 2559. Consisting mainly of council properties, Wellhouse had two schools, a post office, grocery store and a proactive community centre dedicated to supporting and enhancing the health and wellbeing of every resident in Wellhouse. It had its own housing association positioned in the centre of her defined boundaries which was indicative of its distinction from Easthall Housing Association, positioned outwith her easterly boundary and Calvay Housing Association which, by its own admission, concerned itself only with the Barlanark neighbourhood.

3.5 Achieving the top 5% in any ranking would normally be something to be celebrated. Not when the top 5% told the position of Wellhouse in the Scottish Index of Multiple Deprivation (SIMD). Since 2004, Wellhouse had made it into the top ten most deprived areas in Scotland and this was a title not easily achieved. The SIMD analysed seven key parameters: income, crime, housing, education, skills/training, employment and, most relevant today, access to services and health. It seemed absurd that considering well documented and publicised concerns regarding the welfare of this neighbourhood that there was not a single healthcare provider adequately supporting their healthcare needs.

3.6 Almost a third of residents (27%) were registered as disabled, with life expectancy being over ten years less for a male in Wellhouse by comparison to a male in the more affluent west end of the city. With the increase in elderly population, the demand on healthcare services was escalating. Concern for health inequalities were all too familiar to MSP,

Anas Sarwar, and MP, David Linden who had written to formally support the application. Having met with their constituents both letters documented concerns regarding access with transport being a huge concern.

- 3.7** Car ownership statistics for Wellhouse were significantly below the national average with less than 50% of residents having access to a single car. One constituent informed MP David Linden of a £19 taxi fare to collect a prescription. This expenditure was not sustainable, given the deprivation of that community. Concern regarding the long term prospects for residents' health had been documented by both politicians with particular consideration given to the fact that the surrounding pharmacies were working at full capacity.
- 3.8** The lack of support given by the Area Pharmaceutical Committee (APC) for this Application was initially disappointing but having grown up in the east end herself she was very dubious when trying to understand their interpretation of the boundaries of the neighbourhood; particularly the hypocritical use of Edinburgh Road when denoting their Southern Boundary. She asked the Panel to refer to the map and said that even if you believed Gartloch Road to be the correct northern boundary (which she did not) and followed the APC East to Auchinlea Road to Westerhouse Road south, down Easterhouse Road to where it met Edinburgh Road, the APC travelled west along Edinburgh Road, indicating it as a Southern boundary. They disregarded Barrachnie Road and by doing so avoided including Garrowhill and Ballieston. However the APC continue down Hallhill road to Mansion House Drive to include Barlanark in their defined neighbourhood. They then travelled north to Springboig Road, across Edinburgh Road then Stepps Road to Gartloch Road.
- 3.9** There was no change in speed limit or presentation along Edinburgh Road which begged the question how it could be used as a boundary to exclude Ballieston and Garrowhill but travelling further West was not viewed as a boundary to exclude Barlanark. This appeared a deliberate attempt to define a neighbourhood that protected existing contractors and not a true reflection of the Wellhouse neighbourhood.
- 3.10** It was further disappointing that after objecting to this application in writing Well Pharmacy had chosen not to represent themselves by attending. Despite lying outwith the boundary with the nearest branch being approximately three miles away, she was keen to show them the courtesy of addressing their concerns. She said that she investigated their services to fully understand how they were impacting, if at all on the neighbourhood. She was told by the closest branch on Ballieston Rd that they could not facilitate a compliance aid and had a waiting list but directed her in the opposite direction from Wellhouse to see if the branch on Shettleson Road could accommodate her request. Unfortunately they too told her that they were at full capacity and even if medicines were supplied in original packaging neither branches could deliver to Wellhouse because of excess demand. The on-duty pharmacist understood her concerns regarding provision of compliance aids for this

elderly population and offered her a space in a pharmacy in Rutherglen. She could only presume that the National Portfolio Development Manager for Well Pharmacy had no knowledge of the struggle with demand these branches faced or indeed lacked any local knowledge and this note of contention is nothing more than a standard letter. This was evidenced further by the signature not corresponding to the name on the letter.

- 3.11 One of the biggest challenges facing this community was the dependence on alcohol and drugs. As an independent prescribing pharmacist with several years of experience working for the Lanarkshire Alcohol and Addictions Service, she felt she was a suitable candidate to take on the role of community pharmacist if this contract were to be successful.
- 3.12 Wellhouse Healthcare Limited intended opening Mon-Fri 9.00am to 6pm and on a Saturday from 9.00am to 1.00pm. They would provide all the core services of the pharmacy contract: CMS, AMS, EMAS, PHS, unscheduled care as well as offering the ability to provide prescribing clinics in areas of addiction and sexual health as the Health Board saw fit. Given that Wellhouse boasted a five times higher rate of unplanned, under aged pregnancies than other areas of Scotland that would be highly desirable.
- 3.13 The intended premises would be renovated to the highest specification, fully DDA compliant, with an automated door by means of entry. This provided free access to all customers regardless of disability status. She felt it was unacceptable to have a customer who may be wheelchair bound dependant on one of their staff to open the door for them to allow access to the pharmacy service. This could potentially affect a third of this population.
- 3.14 As an indication of their commitment to the aging population where their premises sat they were committed as a business to being "dementia friendly" and would have all four employees familiar with this training. They had committed themselves to understanding the complex needs of this deprived and challenging neighbourhood, genuinely believing that a new contract was both necessary and desirable. We therefore respectfully asked that a contract be granted

This concluded the Applicant's presentation.

4 QUESTIONS FROM THE INTERESTED PARTIES TO THE APPLICANT

4.1 QUESTIONS FROM MR ARNOTT TO APPLICANT

- 4.1.1 Mr Arnott asked what services were not offered by other pharmacies in the vicinity and was informed that all core services were offered but that the additional services were failing the neighbourhood.
- 4.1.2 Mr Arnott asked if the Earlybraes Development, details of which she had submitted that morning were within her defined neighbourhood. Ms McTaggart

replied that it was not but was in that described by the APC and she believed that they had not taken account of this in their deliberations.

- 4.1.3** Mr Arnott noted that Ms McTaggart had described the M8 as a barrier and indicated that as there were ways to cross this would Bartiebeath Road not be a better boundary. Ms McTaggart replied that as the Community Council considered the Queenslie Industrial Estate as part of the neighbourhood she would not dispute this.

At this point Mr Andrews indicated that he wished to make a point. The Chair indicated that he would have an opportunity later and to remember what he wanted to say until then.

- 4.1.4** Mr Arnott asked if those here were included in the CAR figures and consultation and Ms McTaggart said that they were not.

- 4.1.5** Mr Arnott acknowledged that the area was deprived in regard to income, housing and education but asked if she was surprised to see that it had better access to health services than Kelvingrove. Ms McTaggart replied that it was overall 10th for deprivation in the whole of Scotland and the responses in the CAR indicated that the community did not feel that they had adequate access to health services.

- 4.1.6** He then referred to the £19 taxi fare that she had quoted and asked where the individual had gone to pick up the prescription as it would appear that they must have gone well past the centre of the town. Ms McTaggart said that this information had come from the MP's letter and she had accepted this as true. She thought that there may be an element of waiting time included in the cost.

- 4.1.7** Turning to capacity, Mr Arnott asked if she thought that Lloyds in Barlanark had any difficulties. Ms McTaggart replied that she had monitored the situation for 12 months by asking if they could supply dosette boxes. She had been told in February, March, April, May and June that they would not be supplying any more dosette boxes and were trying to reduce the number because of staff shortages. Furthermore, in July she had been told that they would only be doing those for regular orders. When asked she confirmed that she had been given this information by various members of staff in the pharmacy. Mr Arnott indicated his surprise as he was unaware of any problem.

- 4.1.8** Mr Arnott asked why the proposed opening hours were less than those offered by current pharmacies and asked where people would go on a Saturday afternoon. Ms McTaggart replied that the hours were Greater Glasgow & Clyde model hours. The pharmacy would be open longer during the day.

- 4.1.9** Mr Arnott quoted the hours for the Lloyds branches in Barlanark and in the Shandwick Place Centre and asked how the proposed hours improved on this. Ms McTaggart pointed out that they were not open that same hours as the medical centre and in fact closed half an hour before it. She had consulted on the proposed hours and had been told that 9.00am to 1.00pm hours on a Saturday was reasonable but would be prepared to look at this if required.

- 4.1.10** Mr Arnott noted that she had made mention of an ageing population and asked if she knew what percentage of the proposed neighbourhood were over 65. Ms McTaggart said that she did not have that information but that in common with all areas of the country, there was an ageing population. Mr Arnott then asked if she was surprised that it was only 7%. Ms McTaggart indicated that she was.
- 4.1.11** Finally, Mr Arnott asked if she would confirm that there were no core services that were not offered by existing pharmacies, which she did.

Mr Arnott had no further questions.

4.2 QUESTIONS FROM MR GREER TO APPLICANT

- 4.2.1** Mr Greer asked her to expand on her contention that health was not being supported in the area. Ms McTaggart replied that the need for compliance aids was not being met. She had conducted the same research with Boots as she had done with Lloyds. Boots at Glasgow Fort had told her that they did not offer this and had directed her to a hub in Shettleston. She was then told that they could do dosette boxes but would not deliver and that there had been no new deliveries accepted in the past four months.
- 4.2.2** Mr Greer asked if she was aware of the Scottish Government's policy in terms of such compliance aids. Ms McTaggart said that she was aware that it was not an NHS service but that responses from the CAR indicated that it was needed and valued.
- 4.2.3** Mr Greer asked what percentage of the population would need a compliance aid and if she was aware of alternatives to those aids. Ms McTaggart said that she could not give an exact percentage but those for whom they were useful were not only the elderly but included those with learning difficulties; mental health issues and dementia patients. She was aware of other services that could be offered such as MARs which needed carers to be engaged but neither Boots or Lloyds offered this. Such a system could only be implemented as part of an overall care package and was offered in Glasgow Royal Infirmary (GRI). However it could take time to put such a system into place and people's capability to follow the instructions moved up and down the scale. She pointed out that the case mentioned in the CAR was one where the patient had been held up in hospital because neither Boots nor Lloyds could help.
- 4.2.4** Mr Greer asked if she was aware of the reason why this was difficult to facilitate since the grading of the patient was difficult to implement and carers needed to be trained. Ms McTaggart stated that it was not difficult as the Pharmacy Manager was able to do this at GRI. She acknowledged that training of carers was key and that the Care Inspectorate had issues with this.
- 4.2.5** In noting that Ms McTaggart had mentioned her ability to communicate with patients, he asked what skills she had in this area. Ms McTaggart replied that she had worked in the community for a number of years and had worked within addiction services. It was her intention to work with the Health Board and Community to provide services for the neighbourhood.

4.2.6 Mr Greer asked if she was aware that Boots offered an emergency contraceptive clinic at its Fort store. Ms McTaggart said that she knew they did this but it was on a Monday between 1000 hours and 1200 hours; a time when those at which it was targeted should be at school. Mr Greer indicated that they were in discussion to move this to a Saturday morning.

4.2.7 In reply to a question about the opening hours of Boots at the Fort, Ms McTaggart said that she was aware that they opened until 2200 hours with the last prescription at 2100 hours and agreed that these were extensive. She did point out that if anyone was barred from The Fort Centre by any other retailer for any reason then they would not be able to use that Boots store.

Mr Greer had no further questions.

4.3 **QUESTIONS FROM MR ANDREWS TO APPLICANT**

4.3.1 *Before he began his questions, the Chair asked Mr Andrews to make his point about the boundary which he had wanted to raise earlier. Mr Andrews said that the boundary described by the APC showed a lack of local knowledge. He said that Wellhouse was quite a defined and proud community with a population similar to many villages. He defined the neighbourhood as the area contained within Edinburgh Road, Wellhouse Road and Bartiebeath Road and it was important that people recognised this.*

4.3.2 Mr Andrews confirmed that he had no questions for Ms McTaggart.

4.4 **QUESTIONS FROM THE COMMITTEE TO APPLICANT**

4.4.1 Mr Black asked why Ms McTaggart had included the Queenslie Industrial Estate in her neighbourhood. She replied that she had taken the advice of the Community Council in that it was an employment resource and viewed as part of the neighbourhood.

4.4.2 Mr Black then asked where the local population currently accessed services. Ms McTaggart reiterated that she had spent over 12 months assessing the nearest providers and all had told her they were at full capacity. So her understanding was that there was an unmet need for access to pharmaceutical services.

4.4.3 Mr Black asked if there was any evidence that they were unable to access addiction services without going into town. Ms McTaggart said that she had grown up in the East End and there was an unmet need for services for alcohol addiction in Wellhouse to which she wanted to bring her experience. Also if people were barred from the Fort then they could not access services there.

4.4.4 Referring to compliance aids, Mr Black asked who she had spoken to in Boots and Lloyds. She said that she had spoken to a number of different members of staff and could supply the names and times if required.

4.4.5 Mr Finnie asked if when she was posing her questions, did she disclose who she was. Ms McTaggart said that she did not and had posed as a member of

- the public. She had noticed in the responses to the CAR that a number of people had raised the issue of the dosette boxes and the inability to get these from a local pharmacy. She confirmed that she had never been asked who she was apart from once when someone asked if she was a regular.
- 4.4.6** Mr Daniels asked where she had found the information that one third of the population were disabled and was told that is was from the 2011 census. Mr Daniels could not understand this as according to his reading of the figures, 16% were limited a lot and 11% were limited a little on a day to day basis.
- 4.4.7** Mr Daniels asked if she was going to offer a methadone dispensing service. Ms McTaggart replied that she would be offering a complete range of addiction services.
- 4.4.8** Mr Daniels noted that although car ownership was low there was a good public transport service. Ms McTaggart pointed out that this indicated a lack of local knowledge as the bus which used to go through Wellhouse had been withdrawn and people felt that their transport links had been taken from them.
- 4.4.9** Mr Daniels asked if a mile was too far to walk in her opinion. Ms McTaggart replied that distance was irrelevant and what was important was what the existing pharmacies could offer. It appeared from the CAR and her research that they were unable to take on new business and provide services so they could not meet the health needs of the population.
- 4.4.10** Mr Daniels asked if it was the intention to offer a delivery service. Ms McTaggart said that it was. This was not ideal and could never replace face to face contact but would be necessary in Wellhouse given the patients' circumstances.
- 4.4.11** Mrs Mason referred to the methadone service which was always contentious particularly as the proposed premises were opposite a school and asked how she would avoid discriminating if she chose to restrict the service. Ms McTaggart replied that as well as methadone, she would also be offering harm reduction and health promotion. She would be open from 9.00am until 1800 hours so there would be plenty of time for access. She indicated that, from her experience of working with addiction, a lot of the benefit was in prevention and help rather than cure and she would produce a guide for people using the service. She stressed that there were many different stages of addiction with the aim of getting people off the substance and part of that was committing to a routine and having a structure which was there reason for offering timings.
- 4.4.12** Mrs Mason asked about the need to use taxis and Ms McTaggart said that as there was no convenient bus and some were unable to walk then they had to rely on taxis as a last resort. She was concerned that this was a deprived area where income was low. She was not aware of how many people were in this position but had relied on Mr Linden's letter as providing evidence.

At this point the Chair drew attention to the letter and quoted "I spoke with a constituent of mine on Saturday who mentioned that she had spent some £19.00 on a wait and return taxi to attend a pharmacy outwith the Wellhouse area." He hoped that this would clarify in any further discussion on the use of

this taxi, precisely what Mr Linden had said

- 4.4.13** Mrs Mason asked if those who were car owners in Wellhouse offered lifts to others as a way of supporting members of their community accessing prescriptions and pharmacy services. She also asked where people did their normal shop. Ms McTaggart replied that she did not know if people offered lifts. However it was a community with low educational attainment, low income and little access to IT. There was a strong neighbourhood spirit but she did not know how people shopped.
- 4.4.14** Mr Bryson said that he was impressed with Ms McTaggart's commitment to addiction patients and asked about the precedents for such treatment in a community pharmacy and the logistics of referral and providing this service alongside core services. Ms McTaggart replied that she had worked in a community pharmacy in a poor area and had formed a close partnership with the GP who had an interest. They had drawn up a list of patients who would benefit from pharmacy involvement and signed them up jointly to give them the support and regular contact required.
- 4.4.15** Mr Bryson asked if she saw a conflict between this and core services. Ms McTaggart said that she did not envisage that this would happen. There would be two pharmacists and she would do the consulting while the other would dispense.
- 4.4.16** Ms Montgomery noted that the population was 2559 and asked how many would use the proposed pharmacy. Ms McTaggart replied that from the support she had received at the Community Council meeting, it was obvious that the residents were supportive and she would like to think that all of them would use the pharmacy. It was, however, difficult to put a figure on this but the health inequalities in the area indicated a need for a pharmacy
- 4.4.17** Mr Irvine asked Ms McTaggart to summarise what her evidence for inadequacy was. She said it came from the evidence that the surrounding pharmacies were at full capacity and could not do compliance aids or facilitate new deliveries. She said that this evidence came from her own research, the CAR and engagement over the past 12 months with Lloyds and Boots.
- 4.4.18** Mr Irvine asked how the CAR was carried out and why there was a peak on 24 March from the same IP address. Ms McTaggart said that every action and activity undertaken was authorised and agreed with the Health Board. The CAR had changed in 2014 so that consultation had to be joint. 24 March was the last day of the consultation process and a peak response rate could be expected then. In addition at the Community Council meeting, it had been announced that their IT suite could be used for those with no access to IT. She assumed that people had used this facility to complete the questionnaire.
- 4.4.19** Mr Irvine asked about the distances on foot from the proposed pharmacy to Barlanark and Easterhouse. Ms McTaggart said that distance was irrelevant when services were at capacity but she thought it would be over a mile.
- 4.4.20** Mr Irvine asked if there had been any negative feedback from the CAR. Ms McTaggart said that there were some which was only natural as people had

different views. The main concern was addiction services but she felt that she had been able to reassure people that this would be well managed.

4.4.21 Mr Irvine asked if she was aware of any complaints to the Health Board regarding inadequacy. Ms McTaggart said that she was not aware of any. However in deprived areas it was always difficult to engage patients and encourage them to give feedback.

4.4.22 Looking at demographics and the census data, Mr Irvine said that only 12% described themselves as in poor health and asked if this surprised her. Ms McTaggart said that this was similar to the previous question about mobility and her understanding was that deprivation and health inequalities went hand in hand and that there was a need in the area for a community pharmacy service.

The Committee had no further questions

The Chair invited each Interested Party to state their case.

5 LLOYDS PHARMACY

5.1.1 Mr Arnott thanked the Panel for allowing him to speak.

5.1.2 He opened by stating that the Applicant's reason for making this application seemed to be that the Pharmaceutical Services provided by current Contractors were inadequate only because there were no Pharmacy Premises in her definition of the neighbourhood.

5.1.3 He said that there were, as the Panel was aware, numerous examples from PPC Hearings and numerous National Appeal Panel (NAP) Hearings that adequate Pharmaceutical Services could be provided to a neighbourhood from Pharmacies situated outwith that neighbourhood and this was the case in Wellhouse.

5.1.4 Indeed the Panel would see from the advice and guidance for those attending the PPC that they must consider what were the existing pharmaceutical services in the neighbourhood, or in any adjoining neighbourhood.

5.1.5 He stated that there were two existing pharmacies within 1 mile of the Applicant's proposed site. To clarify Lloyds was within 0.6 miles and Boots within 0.8 miles. Both of these opened for longer hours than those proposed by the Applicant.

5.1.6 He noted that the Panel also had to take account whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

5.1.7 He disputed the Applicant's neighbourhood which, he suggested, had been enlarged deliberately to increase the population figures and said that he:

- agreed the Southern Boundary was Edinburgh Rd

- agreed the Eastern Boundary was Wellhouse Rd
- Believed that the Northern and Western boundaries were Bartiebeath Road where it met Wellhouse Road as anything west of this was almost all Industrial estate.

He noted that this also concurred with the Community Council's definition.

- 5.1.8** The Panel would have noted that situated at the Applicant's proposed site there was a Convenience Store, a Dog Grooming Salon, the Innerzone Facility and a Newsagent (the proposed site for the Pharmacy). He said that this was hardly the Hub of a Neighbourhood and demonstrated that the residents of the Applicant's proposed neighbourhood on a regular basis, travelled outwith the neighbourhood to access services such as Supermarkets, Banks and GP Surgeries.
- 5.1.9** He also pointed out that according to the SIMD; the residents of Wellhouse had better access to health services than many areas in Scotland, including the wealthy West End of Glasgow.
- 5.1.10** He said that although delivery was not a Core Service, all Contractors offered this service for anyone who was housebound. He could not see how, if someone was housebound and required delivery, the granting of this Contract would help them, as a Pharmacy at Newhills Road was no more accessible for a resident of say Halliburton Terrace than existing Pharmacies.
- 5.1.11** Indeed someone living in Halliburton Terrace was probably nearer to the Lloyds Pharmacy in Shandwick Square and there were less inclines to negotiate.
- 5.1.12** All existing Pharmacies offered all Core Services and the Lloyds Pharmacies were fully engaged with CMS, MAS and AMS.
- 5.1.13** Convenience was not a reason for granting a pharmacy contract and indeed the Applicant had shown no inadequacies in current service provision.
- 5.1.14** The Applicant in support of her application had carried out a Consultation Exercise from a Population of approx. 3,186 (to include Data Zone S01010165 627 residents). The Applicant has had 179 Responses only 5.6% of the Residents, and of these respondents only 117 (3.7%) thought that the current service provision was inadequate (Question3). On the question (Question 4) Do you or your representatives experience any issues or challenges accessing community pharmacy Only 141 (4.4%) stated they had any issues.

- 5.1.15** If it was part of the new Regulations, that the Applicant "must establish the level of public support of the residents in the neighbourhood to which the application relates" then it could not be said the Applicant had not tried to gain public support. She had however failed miserably to gain the support of the residents and this was simply because there was little public support for the application. This was because existing Contractors already provided an adequate Pharmaceutical Care Service to the Applicant's proposed neighbourhood.
- 5.1.16** Despite all of the Applicant's efforts she had received only 179 Responses from the residents of her proposed neighbourhood and not all of those supported the Application. Although many mentioned convenience, the Applicant had shown no inadequacies in current Pharmaceutical Provision. There were already two pharmacies within one mile.
- 5.1.17** Mr Arnott noted also that the APC did not support the Application as they deemed the current service adequate
- 5.1.18** He said that there was little or no Public support for this application the residents had no difficulties in accessing Pharmaceutical Services, and indeed on a regular basis travelled outwith the neighbourhood to meet their daily needs. This Application was all about convenience not adequacy or need. Convenience was not a reason for granting a pharmacy contract.
- 5.1.19** The Panel had to consider what the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood were. There were two pharmacies within 1mile of the proposed site. All pharmacies offered all of the core services.
- 5.1.20** Having examined the NHS Greater Glasgow and Clyde Pharmaceutical Care Services Plan (PCSP), he could see no reference to there being a need for a Pharmacy in the Applicant's proposed neighbourhood and indeed there had been no complaints to the Health Board regarding existing service provision.
- 5.1.21** He, therefore, asked the Panel to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

6 QUESTIONS TO MR ARNOTT

6.1 QUESTIONS FROM THE APPLICANT TO MR ARNOTT

- 6.1.1** Ms McTaggart asked Mr Arnott to confirm his definition of the neighbourhood boundaries which he did. She noted that if Edinburgh Road was the southern boundary then this excluded the Barlanark branch from the neighbourhood. Mr Arnott replied that he did not dispute that there was no pharmacy within the defined neighbourhood but that there were pharmacies outwith the boundaries.

- 6.1.2** Ms McTaggart asked if he was representing both of Lloyds branches and Mr Arnott confirmed that he was.
- 6.1.3** When asked why both branches closed at 5.30pm when the GP practice closed at 6.00pm, Mr Arnott replied that the branches opened at 8.30am and closed at 5.30pm and that this had been agreed with the GP.
- 6.1.4** Ms McTaggart pointed out that her concern was for patients and not for GP convenience and she noted that if a patient was given a prescription during the last appointment then they would not be able to fill this. Mr Arnott replied that if a need was identified Lloyds would review their opening hours. However, he noted that Boots at Glasgow Fort was open until 10.00pm.
- 6.1.5** Ms McTaggart asked how he had arrived at his population figure as those she quoted were based on Health Board figures. Mr Arnott said that he had based those on the datazones in the CAR and had included Data Zone S01010165 with 627 residents as they were in the consultation area.
- 6.1.6** When asked if he accepted that deprived areas were historically difficult to engage, Mr Arnott said that he was not qualified to answer that but, despite Ms McTaggart and the Community Council encouraging the community to respond, only 179 responses had been received.
- 6.1.7** Ms McTaggart asked if compliance aids had an important place, Mr Arnott stated that they could be useful but were not a core service. Both Lloyds branches provided these and had no issues with taking on more.
- 6.1.8** Ms McTaggart asked if Mr Arnott would agree that the community would benefit from a new pharmacy as both Lloyds branches refused to take on new business with the public raising the issue that they could not get dosette boxes. Mr Arnott reiterated that both branches could do more and that his Area Manager had assured him that there was not a problem. Ms McTaggart referred to the CAR where one person had been held up in care waiting for agreement to supply a dosette box. Mr Arnott noted that this was just that – one person. Also from his reading of the consultation and the Community Council minutes the main concern seemed to be the methadone dispensing and the proximity of the school.
- 6.1.9** Ms McTaggart noted that the Shandwick Centre offered products such as mobility scooters and other mobility aids and asked if there was a demand for such products in the area. Mr Arnott said that he had no idea what the demand was but they were core products for Lloyds pharmacies and offered widely.
- 6.1.10** Ms McTaggart said that she had visited the Lloyds branches and noted that the doors were manual with no push button outside and asked how someone in a wheelchair would access these premises. Mr Arnott indicated that he would be very surprised if there were difficulties and there would be a bell and staff members on hand to assist. He confirmed that they had received no complaints about access.
- 6.1.11** Ms McTaggart asked how a wheelchair user could alert staff to their presence

as there was no bell or button and if staff were busy they were unlikely to notice them. Mr Arnott said he would be surprised if there was no bell but he had been assured that staff had a clear view of the door from the till. Ms McTaggart pointed out that this was not the case as there were advertising stands in the way. Mr Arnott said that this had never been raised as an issue by any customer and the Area Manager would be checking the situation.

- 6.1.12** Ms McTaggart asked if it was desirable that pharmacy premises should be freely accessible to all. Mr Arnott replied that it was more than desirable as all retailers had to be DDA compliant and if not could face prosecution. Ms McTaggart said that as it stood; relying on staff to notice them, wheelchair users could not access Lloyds services. Mr Arnott disagreed with this.
- 6.1.13** Ms McTaggart said that despite being outwith the neighbourhood, the Barlanark branch serviced it and asked, given that they were at full capacity for compliance aids and deliveries, if Mr Arnott was concerned about the 300 new houses. Mr Arnott pointed that these were not within Ms McTaggart's proposed neighbourhood so were not relevant. He reiterated that Lloyds had no issues with capacity and Ms McTaggart's only evidence was her own research which was not corroborated by complaints or notification of any problems to Lloyds.
- 6.1.14** Ms McTaggart asked if the new housing would be relevant to the APC neighbourhood. Mr Arnott replied that he did not agree with the APC neighbourhood definition so this was not relevant.
- 6.1.15** Ms McTaggart asked if the viability of either Lloyds branch would be affected by a new pharmacy. Mr Arnott said that he could not say but any new pharmacy was bound to have some impact on their business.

The Applicant had no further questions.

The Chair invited the Interested Parties to put their questions.

6.2 QUESTIONS FROM MR GREER TO MR ARNOTT

- 6.2.1** Mr Greer asked if Lloyds had any issues with capacity at either of the stores and was told there were not.
- 6.2.2** When asked if there were issues with deliveries, Mr Arnott replied that they offered a full service and had provision for emergencies

Mr Greer had no further questions

6.3 QUESTIONS FROM MR ANDREWS TO MR ARNOTT

- 6.3.1** Mr Andrews asked how he had arrived at his population figure. Mr Arnott stated that he had taken the information on the Data Zones included in the consultation and added these together and arrived at his figure of 3186. He had included a Data zone which the Applicant had not but he was willing to accept her figure of 2559, as regardless of the exact number, 179 responses was not large.
- 6.3.2** Mr Andrews asked if he appreciated that some of this population would be children and would not have a vote. Also it was a deprived community which did

not engage with public bodies. They would speak among themselves but would not take action. Mr Arnott acknowledged it was a deprived area but pointed out that it was not deprived for access to health services.

The Chair reminded Mr Andrews that he should ask questions and would have the opportunity to make his statement later.

- 6.3.3** Mr Andrews asked if Lloyds had a complaints procedure and if it was clearly displayed. Mr Arnott replied that Lloyds had a customer charter and a procedure for complaints which were readily available. Staff had also been asked to make people aware of this.

Mr Andrews had no further questions.

The Chair invited members of the Committee to put their questions.

6.4 QUESTIONS FROM THE COMMITTEE TO MR ARNOTT

- 6.4.1** Mr Black noted that a refit to the Barlanark branch had been mentioned and asked how this had come about. Mr Arnott replied that it was part of a Lloyds programme to standardise all their branches and was not related to capacity or the current application.

- 6.4.2** Mr Daniels asked if Lloyds were working at capacity in the two branches in the area. Mr Arnott said that they were not and that they also had a hub operation where dosette boxes were prepared and returned to the pharmacy.

- 6.4.3** Mr Daniels asked if there was capacity to cope if footfall increased. Mr Arnott said they had the physical capacity and could recruit more staff if necessary.

- 6.4.4** Mrs Mason referred to disabled access and was aware that some businesses disconnected the push button because children pushed it and asked if there was another way to draw attention if someone required assistance with access. Mr Arnott replied that he was not aware of any issues but Mr O'Reilly would be checking.

- 6.4.5** Mrs Mason noted that the Applicant's evidence for inadequacy seemed to be based on the dosette boxes and not on the core business. Mr Arnott said that was the case and pointed out that Health Boards wanted to move away from dosette boxes but the main sticking point was that carers were unwilling to give medication to patients.

- 6.4.6** Mrs Mason asked if Lloyds would consider automatic boxes and was told that under no circumstances would these be used.

The Committee had no further questions.

7 BOOTS UK

- 7.1** Mr Greer thanked the Committee for the opportunity to present and stated that the issue in this case was whether the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names

were included in the pharmaceutical list. He stated that Boots' case was that the existing pharmacy provision met the needs of the local population and persons within the neighbourhood.

7.2 Turning to the neighbourhood, he said that the neighbourhood proposed by the Applicant was:

- of a limited size with a limited residential population;
- The Queenslie Industrial Estate, with a limited population, formed a large proportion of the overall area defined by the Applicant;
- The 2011 census data indicated the resident population of the neighbourhood defined by the Applicant to be approximately 2559;
- The neighbourhood was an established area with no large new residential developments planned that they were aware of. The development plan, submitted that morning by the Applicant, was outwith the area; and
- Should the panel adopt the neighbourhood defined by the Applicant, which did not have a pharmacy located within it, the panel should also have regard to pharmaceutical services provided to the neighbourhood from pharmacies located outwith.

7.3 Referring to the proposed site he noted that:

- It was within a small parade of retail units where only the newsagent and post office appeared to be open. He noticed that on site visits, these two shops did not appear to be particularly busy and those that did visit they mainly did so by car.
- Amenities in the area were limited and he believed most residents would leave the Wellhouse area on a frequent basis to access a wider range of shops such as supermarkets and general facilities.
- Residents were likely to visit the more thriving parade of stores on Hallhill Road or the Morrison's supermarket and stores within the centre of Easterhouse and the Fort Shopping Centre.

7.4 Regarding access to pharmaceutical services, Mr Greer stated that:

- The Lloyds Pharmacy located at Hallhill Road was approximately 0.6 miles on foot from the proposed site (see Google maps). Both the Boots pharmacy at Easterhouse Health Centre and the Lloyds Pharmacy at Shandwick Shopping Centre were just slightly further away at 0.8 miles. There were therefore at least three pharmacies, within a mile walk of the site of the proposed pharmacy.
- The walk to the Boots Pharmacy at The Fort Shopping Centre was approximately a mile (across the Easter Queenslie footbridge) and just slightly longer at 1.2 miles by road. The pharmacy at Glasgow Fort provided extended hours of opening and was open seven days a week.
- A number of bus services serviced the neighbourhood, with services running regularly along Wellhouse Road and Edinburgh Road. These services provided Wellhouse with good public transport links to Glasgow Fort Shopping Centre, Easterhouse and the areas eastwards to the

City Centre.

- Ample free parking was available at The Fort, at Shandwick Shopping Centre, Easterhouse Health Centre and outside the Lloyds Pharmacy on Hallhill Road.
- Dedicated disabled spaces were available (sited directly outside the pharmacy at the Health Centre). The nearest pharmacies were accessible to those in wheelchairs.
- In the event that a patient could not access a pharmacy, delivery services were available.

7.5 Mr Greer said that whilst they appreciated that employees of businesses at the Queenslie Industrial Estate could be within the neighbourhood during their working day, many would be travelling into the neighbourhood. Such employees were likely to have access pharmaceutical services near to home or would pass an existing pharmacy on their way to and from work.

7.6 With regard to adequacy, he noted that:

- The existing pharmacies provided access to an extensive range of pharmaceutical services as well as access to services in the evening and seven days a week.
- Their pharmacy at Glasgow Fort opened seven days a week, from 9.00am until 10.00pm weekdays, from 9.00am until 8.00pm Saturday and from 10.00am until 7.00pm on Sunday. The pharmacy, as well as all core services, provided a range of other services including flu vaccinations, smoking cessation, emergency hormonal contraception and travel vaccinations. He reported that Boots were in discussion with the Health Board to change the times when the emergency contraception service was available.
- Their pharmacy at Easterhouse Health Centre was open five days a week from 8.45am until 5.45pm (closed for lunch 1.00-2.00pm). The pharmacy provided, the chronic medication service, EMAS, smoking cessation, supervised administration, minor ailments, emergency hormonal contraception etc
- There were no gaps in service provision identified within the Board's PCSP that he was aware of.
- There was no evidence to suggest that the existing level of service provision was anything other than adequate.

7.7 In summary he that concluded that:

- There were two pharmacies within a mile walk of the proposed site and a number of additional, and reasonably accessible, pharmacies that providing adequate services to the neighbourhood.
- The Applicant had not identified a need for a particular service, or hours of service, that could not be met by the existing contractors.
- The existing pharmacy provision was adequate and that the proposed pharmacy was neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question and the application should be refused.

8 QUESTIONS TO MR GREER**8.1 QUESTIONS FROM THE APPLICANT TO MR GREER**

8.1.1 In noting that Boots in Easterhouse closed between 1.00pm and 2.00pm Ms McTaggart asked if pharmacy was more than just dispensing. Mr Greer agreed that it was and Boots did more. They worked closely with the GPs and had agreed suitable opening times and patients had made no complaints.

8.1.2 Ms McTaggart said that one GP closed between 12.30pm and 1.30pm for staff training and felt that this left patients without access to health services for a period of time. Mr Greer agreed this was the case and if it became an issue then Boots would have a conversation with the GP. Ms McTaggart pointed out that the GP was not the priority but the patients. Mr Greer agreed and said that they listened to patients also. Ms McTaggart said that patients in deprived areas tended not to come forward so they would not complain and therefore receive no service. Mr Greer reiterated that he had received no complaints so the service was adequate. In addition Lloyds were there, the Boots in Glasgow Fort was open which left only one pharmacy not providing a service for a short period.

The Chair sought clarification on the number of GP practices at the site and was informed that there was another practice there.

8.1.3 Ms McTaggart asked if Boots at Glasgow Fort was branded as a Boots Local. Mr Greer said it was classed as a destination store. This was a term used by Boots to describe size. This store was in a large shopping centre to which people came from all over to shop but it also served local populations.

8.1.4 Ms McTaggart sought confirmation that it was not a Boots Local servicing a neighbourhood. Mr Greer said that the locals had access to the store and the extended opening hours made it an asset as it offered a service out of hours.

8.1.5 As the Fort branch was a large shop, Ms McTaggart asked why patients were directed to the Shettleston hub for compliance aids and deliveries. Mr Greer pointed out that the reason for such hubs was that they were a cost effective way of preparing dosette boxes. In fact the Scottish Government saw this as a way forward as it took workload away and freed up time for face to face time with patients. It was basically an economy of scale and made economic sense.

8.1.6 Ms McTaggart said that, given the Fort had its own junction on the M8, would it be fair to say that the majority of customers accessed it by car. Mr Greer said it depended there were buses and in any event the Fort was not contained within the neighbourhood.

8.1.7 Ms McTaggart asked how someone from Wellhouse could walk to the Fort. Mr Greer said that they had two choices a footbridge over the M8 or through Queenslie. Ms McTaggart noted that there was no pedestrian crossing to reach the footbridge and no lighting on the bridge so pedestrian access was restricted.

8.1.8 When asked if Boots would be under threat if a new contract were granted, Mr

Greer replied that it would not but if workload decreased there may be an impact on staff.

8.1.9 Ms McTaggart asked what Boots did when someone was barred from The Fort and they would not then be able to access pharmacy services. Mr Greer said that the Fort was private land and they worked alongside the security staff. He stressed that it was not Boots who barred individuals. If such a situation did arise, then, for the methadone clients, Boots would work with the drug service to ensure that an alternative service was available.

8.1.10 Ms McTaggart asked Mr Greer's view on the fact that she had been told that the Shettleston Hub was not taking on any new patients because of pharmacist cuts and that they could not take on new deliveries and had not done so for more than four months. Mr Greer said he was unaware of this and would need to check.

The Applicant had no further questions.

The Chair invited the Interested Parties to put their questions.

8.2 QUESTIONS FROM MR ARNOTT TO MR GREER

8.2.1 Mr Arnott asked if the supply of dosette boxes was a core service and Mr Greer replied that it was not.

8.2.2 When asked, Mr Greer agreed that there were only 195 people over 65 in the area and that he had checked this figure.

8.3 QUESTIONS FROM MR ANDREWS TO MR GREER

8.3.1 Mr Andrews asked which buses went from Wellhouse to Glasgow Fort. Mr Greer replied that he thought there was a bus but did not know the number. Mr Andrews said that he lived in Wellhouse and there was no bus.

8.3.2 Mr Andrews asked if Boots would benefit financially if the application for a new pharmacy in Wellhouse was refused. Mr Greer replied that if business was lost then there would be a financial impact and pointed out that every pharmacy was a commercial enterprise.

8.4 QUESTIONS FROM THE COMMITTEE TO MR GREER

8.4.1 Mr Daniels asked if Boots was at capacity and Mr Greer replied that they were not at capacity for core services.

8.4.2 Mr Daniels asked if they had the ability to expand if footfall increased. Mr Greer said that Boots had a workload model which was constantly under review and allowed them to staff up or down as required.

8.4.3 Mr Bryson noted that the two Boots pharmacies were very different types of stores and asked if they worked in partnership to provide services and complement each other. Mr Greer said that they were both under the same area management and would co-operate in terms of swapping pharmacists and stock. Most of the private services were based at the Fort because there was

no need for them at the Easterhouse unit which was at the GP surgery.

8.4.4 Mr Irvine asked Mr Greer to define the neighbourhood. Mr Greer said this would be more or less the M8 to the North; Edinburgh Road to the South; the end of the Queenslie Estate to the West which was more or less the Applicant's neighbourhood.

8.4.5 Mr Irvine asked where the customers came from to the Glasgow Fort as it was a destination store. Mr Greer replied that people came from all over either to go there for a day out shopping or for a specific reason such as the cinema.

8.4.6 Mr Irvine asked if local people would get their CMS prescriptions there. Mr Greer replied that these people would be registered and get the service required. He pointed out that 30% of prescriptions at the Fort were for repeats.

The Committee had no further questions.

The Chair invited Mr Andrews, the Community Representative to make his presentation

9 QUEENSLIE/WELLHOUSE COMMUNITY COUNCIL

9.1 Mr Andrews said that he was responding to the panel on behalf of Wellhouse Community Council and the wider community after a public meeting held in the local Community hall on the 15 March 2017. The feelings of the community were overwhelming in their agreement that there was a need and demand for Pharmacy services in the Wellhouse Community. The points that were made repeatedly were that the Pharmacies outside the local area were failing on most occasions to meet their needs by failing to have their prescribed medicine in stock or failing to complete a prescription. This had resulted in many cases of two trips to a pharmacy.

9.2 He reported that Wellhouse had no direct transport links to any of the existing pharmacies meaning that residents were forced to use taxi services or to walk. Taxi services were expensive, especially for those on low incomes, and if two trips were required even more so. If forced to walk it involved navigating busy roads and pavements or steps that were often not in good condition which posed additional issues for elderly people and those with disabilities or medical needs.

9.3 He pointed out that their community was one of the most deprived communities in the country and it was felt that with the numerous health issues this brought a local pharmacy could only help to alleviate them.

9.4 He said that the community's opinion was that they wanted and needed the services offered by the new pharmacy and wanted to benefit like other communities within Glasgow: benefits that only a local pharmacy could deliver through local knowledge and gaining the trust of the customers who used it. The Scottish Community Empowerment Bill was passed on the 17 June 2015 by the Scottish Parliament and was to help empower community bodies, such as Community Councils, by strengthening their voices in decisions that matter to them. Having a local pharmacy in their area was one

that mattered to them and without doubt a service that was necessary and desirable within the area.

- 9.5** He stated that there was growing demand for minor ailment advice and prescriptions and this was something that Wellhouse should not be denied. The local GP practice had at the moment nearly a two week wait for an appointment; a local pharmacy would address some of these issues and also take pressure off GP services and the NHS.
- 9.6** It was clear by visiting any of the pharmacies outside Wellhouse that existing pharmacies were struggling to cope with the demand. With growing health issues in Wellhouse and the pressure on the existing pharmacies this proposed new pharmacy would support the growing demand within the communities that people lived.
- 9.7** He noted that Wellhouse Housing Association intended to build accommodation to support independent living and more local housing that would increase the existing need for a pharmacy in the area.
- 9.8** Wellhouse contained two local schools Aultmore Park Primary, which included an autism Unit, and Newhills High School for those with severe additional needs. In addition, the area also had two local nurseries, Beechwood and Tumble Tots. By establishing a pharmacy in Wellhouse it provided ease of access to the wider community, such as parents dropping children at school or nursery.
- 9.9** Finally he asked that the Committee look favourably on the application for the new pharmacy.

10 QUESTIONS TO MR ANDREWS

10.1 QUESTIONS FROM THE APPLICANT TO MR ANDREWS

- 10.1.1** Ms McTaggart said that the APC had defined the northern boundary as Gartloch Road which would mean that Garthamlock was included and asked if someone there would consider themselves to be in the same neighbourhood as Wellhouse. Mr Andrews replied that there was no way this would be the case. He said that the APC obviously had no knowledge of the area if they used that boundary.
- 10.1.2** Ms McTaggart asked if the Wellhouse people believed that Lloyds and Boots served their needs. Mr Andrews replied that this was not the case. He repeatedly received complaints about stock and waiting times. Personally he had used Boots in the past but had to wait for ages and as a local he would not use them regularly.
- 10.1.3** Ms McTaggart asked if the locals believed that Lloyds branches were at capacity. Mr Andrews said that this was the general feeling and often prescriptions were not completely filled even with a month's notice so that they were obviously not coping with the demand. He said that some people had told him that sometimes they only received part of their order and often would not go

back to collect the remainder

10.1.4 When asked what access across Edinburgh Road was like, he said that this was very difficult as it was a six lane road and pointed out that there had been eight fatalities last year.

10.1.5 In response to a question Mr Andrews confirmed that Barlanark had its own Housing Association and was a different neighbourhood.

The Applicant had no further questions

The Chair invited the Interested Parties to put their questions to Mr Andrews

10.2 QUESTIONS FROM MR ARNOTT TO MR ANDREWS

10.2.1 Mr Arnott asked Mr Andrews if he agreed with the neighbourhood he had described in his presentation and question. Mr Andrews confirmed agreement.

10.2.2 Mr Arnott asked how many people attended the Community Council meeting on 15 March and was told that it was about 30 which was good for such meetings.

10.2.3 Mr Arnott asked how long an appropriate waiting time would be and Mr Andrews replied that this should be no more than 30 minutes but if it was a repeat prescription then he would expect that to be in stock and available.

10.2.4 Mr Arnott asked if Mr Andrews was aware that there were sometimes problems with manufacturers providing stock. Mr Andrews accepted that this could happen but lack of stock was a common problem with the existing Pharmacies serving the Wellhouse population.

10.2.5 When asked if half a mile was too far to walk, Mr Andrews replied that it would depend very much on the individual. Mr Arnott then described his medical conditions and the medicines he took and informed Mr Andrews that it took him 12 minutes to walk from the proposed pharmacy to Lloyds in Barlanark. Mr Andrews commented that he looked pretty healthy.

10.2.6 Mr Arnott asked about the speed limit on the Edinburgh Road and was informed that it varied and was 30 mph at some points and 40 mph at others.

10.2.7 Mr Arnott asked if he was disappointed at the level of response to the consultation questionnaire. Mr Andrews said he was not surprised but there were many others who had spoken to him about the problems they had with existing pharmacies.

10.2.8 Mr Arnott asked if Mr Andrews was surprised that Wellhouse had better access to health services than Kelvingrove. Mr Andrews pointed out that that area did not have the same health issues.

Mr Arnott had no further questions.

10.3 QUESTIONS FROM MR GREER TO MR ANDREWS

10.3.1 Mr Greer asked how people accessed other services such as day to day

shopping. Mr Andrews replied people generally went to the local shop which was a grocers and a van which toured the area. There was also a cash machine and a post office. The only thing missing was access to a pharmacy.

10.3.2 Mr Greer asked if there was a pedestrian crossing on Edinburgh Road and was told that there was but it was often out of order as it was continually being vandalised. It was also not conveniently situated.

10.3.3 Mr Greer asked what buses there were and Mr Andrews replied that there were none which went through Wellhouse and two services had recently been discontinued.

10.3.4 Mr Greer asked if the Community Council had made representation about this. Mr Andrews said that there had been a public meeting which Humza Yousaf attended but First Bus refused to continue with the service.

Mr Greer had no further questions.

10.4 QUESTIONS FROM THE COMMITTEE TO MR ANDREWS

10.4.1 Mr Black asked if there genuinely was a wait of half an hour in the Lloyds Shandwick branch. Mr Andrews said that it was not all the time but could be. They did however often fail to complete the prescriptions which meant that people had two journeys.

10.4.2 Mr Black asked if he was aware that Lloyds and Boots delivered in the area. Mr Andrews said that he was not aware but imagined that they did. He said that the Community Council wanted people to visit the pharmacy to get them out of the house and talking to the pharmacist. This was the best way to understand someone's health needs.

10.4.3 Mr Black asked where the GPs and dentist were located. Mr Andrews said that these were at the Health Centre. Mr Black noted that this was outwith Wellhouse.

10.4.4 Mr Black asked where people did their weekly shopping. Mr Andrews said it was mainly at the local grocers. Mr Black asked if this was not an expensive way to shop. Mr Andrews said that he had to understand the way people in Wellhouse lived and they tended to remain in the locality.

10.4.5 Mrs Mason said that she understood that Mr Andrews wanted the local population to help themselves and they needed a carrot to help them want that change and did he think a local pharmacy would do this. Mr Andrews said that it would allow them to access healthcare services which they currently could not and did not access. The pharmacy could also work with the community to introduce health initiatives such as walking.

10.4.6 Mrs Mason asked what other health professionals; nurses for example, worked in the area. Mr Andrews replied that there was a health improvement team but they needed help and support. Mr Andrews stressed that he totally believed in the pharmacy and knew it was needed. He said that he did not hear many comments about convenience but about lack of services. For example many

people had never heard of the Minor Ailments Service so went to the GP for everything. The current pharmacies were too busy to talk and a more local one could and would offer a lot more.

10.4.7 Mr Bryson indicated that it was really helpful to hear Mr Andrews' perspective and asked if the proposed location was ideal or were there other options. Mr Andrews said that it was a popular location as it was right in the middle of the neighbourhood. It was also quite a level area. He noted that the local youth club, play park, housing office and schools were close by so it was a busy location and could not be more suitable. He pointed out that there had been a pharmacy there years ago.

10.4.8 Mr Irvine asked what the easiest way was to get a bus from Wellhouse to a pharmacy. Mr Andrews said you could go to the Easterhouse Shopping Centre via the Edinburgh Road or to Wellhouse Road.

10.4.9 Mr Irvine asked if he knew the catchment area for the primary school and was told that it was Wellhouse, Provanhall and Easthall.

The Committee had no further questions.

This concluded questioning from the PPC.

11 SUMMING UP

The Chair invited all Parties to summarise their cases

11.1 QUEENSLIE/WELLHOUSE COMMUNITY COUNCIL

11.1.1 Mr Andrews stated that he had never known the community to support something so strongly. In fact he had intended to step down from the Community Council but had decided to stay to see this application through. He believed that it would save lives, educate the population and encourage them to take an interest in their health. Also at the local housing AGM, where there were usually a lot of contentious issues raised, the only question was about the pharmacy.

He stated that the current service was failing to meet the needs of the local population. This application was about making things better for them.

He asked that Committee listen to the community and approve the application.

The Chair thanked Mr Andrews and explained that until 2014, the community was not represented as part of the process. The CAR had also been introduced to get a consistent view rather than what had previously been a fairly random process. He also explained the purpose of the PPC and said that their role was to listen to all who made representation and that there was no ranking with all having an equal voice. He encouraged Mr Andrews to contact Mrs Glen outwith the meeting if he wished further information on the process.

11.2 BOOTS UK

11.2.1 Mr Greer said that he believed the existing service to be adequate and that the Applicant had not identified any gap that could not be met by the existing

pharmacies. The application should therefore be refused.

11.3 LLOYDS

11.3.1 Mr Arnott stated that he appreciated Mr Andrews' passion for the proposed pharmacy. However, he also pointed out the Applicant was also running a business.

He pointed out that the area had better access to health services than many other places as services were available under a mile from the proposed location. The only evidence available came from the CAR and SIMD statistics and the poor response to the CAR showed little public support.

He argued that the community had no difficulty in accessing pharmacy services and would travel outwith the neighbourhood on a daily basis to meet their daily needs. The application was therefore based on convenience rather than adequacy of services.

He stressed that the Panel should consider the fact that within a mile there were existing pharmacies which offered all core services and there had been no complaints. Also, he pointed out that the NHS Greater Glasgow & Clyde Pharmacy Care Services Plan had shown no need for an additional pharmacy in the neighbourhood.

He asked the Panel to refuse the application as it was neither necessary nor desirable to secure adequate pharmaceutical services in the area.

11.4 THE APPLICANT

11.4.1 Ms McTaggart said that Wellhouse was one of the most deprived areas in Scotland and there was not one single healthcare provider in the neighbourhood assisting with their health outcomes. She noted that Well Pharmacy had not attended the hearing which indicated how important this was to them.

She believed that the existing services were wholly inadequate and failed to meet the needs of the community. She highlighted:

- Access problems with both Lloyds Pharmacies where they could not facilitate access through the front door for a disabled person.
- The evidence of her year long research which showed that they were unwilling to supply dosette boxes and were actually trying to stop their supply.
- Boots delivery service had been reduced.
- All other pharmacies present that day were sending orders for dosette boxes outwith the area to be made up which indicated a struggle to cope with demand.

She genuinely wanted to invest in a pharmacy service and serve the people of Wellhouse and asked that the application be granted.

12 CONCLUSION OF ORAL HEARING

12.1 The Chair thanked everyone for their participation and invited each of the parties present that had participated in the hearing to individually and separately

confirm that a fair hearing had been received and that they had nothing further to add. All persons present individually confirmed that they had received a fully and fair hearing.

12.2 Having been advised that all parties were satisfied, the Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The formal notification would also contain details of how to make an appeal against the Committee's decision and the time limits involved.

12.3 The Chair invited the Applicant and Interested Parties to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened in the event of the Committee requiring further factual or legal advice. In which case, the hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.

The Applicant, Interested Parties, Legal Advisor and Contracts Manager left the meeting.

The meeting adjourned at 1420 hours.

13 PANEL DELIBERATIONS

13.1 SUPPLEMENTARY INFORMATION

In addition to the oral evidence presented, the PPC took account of the following:

- i) Copy of Application and Supporting documents – received by email from Mr Sanjay Majhu on 6 July 2017
- ii) Letter dated 20 February 2017 from Anas Sarwar, MSP
- iii) Minutes of Wellhouse & Queenslie Community Council Consultation Meeting held on 15 March 2017 along with a letter from the Community Council Secretary dated 11 August 2017
- iv) Letter received via email from Boots UK Ltd dated 28 July 2017
- v) Letter received by email from Well Pharmacy dated 11 August 2017
- vi) Letter received by email from Lloyds Pharmacy dated 16 August 2017
- vii) Letter received by email from NHS GG&C Area Pharmaceutical CP Sub Committee dated 17 August 2017
- viii) Letter dated 14 August 2017 from David Linden, MP
- ix) Letter from Development & Regeneration Services at Glasgow City Council Housing Department dated 26 July 2017
- x) Email dated 28 July 2017 from Development & Regeneration Services, Dept of Roads and Transport.

- xi) Population Census Statistics of 2011 extracted by Community Pharmacy Development Team
- xii) Details of service provision and opening hours of existing pharmacy contracts and medical practices in the area
- xiii) Distance from Proposed Premises to local pharmacies and GP Practices within a two mile radius
- xiv) Number of prescription items dispensed during the past 12 months , and quarterly information for the Minor Ailments Service
- xv) Details of Complaints received by pharmacies within the consultation zone between March 2016 and March 2017.
- xvi) Health and Well being profiles for the Easterhouse East area for 2016 extracted from the Scottish Public Health Observatory
- xvii) Summary of Applications previously considered by PPCs in this area
- xviii) The CAR developed from the Joint Consultation Exercise carried out between 14 November 2016 and 24 March 2017

In addition, the Committee also took account of NHSGG&C's Pharmaceutical Care Services Plan

13.2 DISCUSSION

13.2.1 The PPC were required and did take into account all relevant factors concerning the issue of:-

- a) Neighbourhood
- b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the application were necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

Neighbourhood

13.2.2 Having considered the evidence presented to it by the Applicant, the Interested Parties, and the PPC's observations from the site visit, the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located.

13.2.3 The Committee noted the neighbourhood as defined by the Applicant, the Area Pharmaceutical Community Pharmacy Sub Committee or previously defined by the PPC or NAP. The Committee also took account of the views expressed by the Interested Parties.

When seeking to define the neighbourhood, the Committee considered a number of factors including: the population; any natural and physical boundaries; amenities such as, schools, shops and community buildings; major roads and their crossing-points; the type of housing; plans for additional development within or adjacent to the proposed neighbourhood. They also took account of the distances that residents had to travel to access pharmaceutical and other

services, the availability of public transport, the level of mobility of the residents and level of car ownership (which was low).

13.2.4 The Committee noted that the Interested Parties did not fundamentally disagree with the Applicant's neighbourhood but none supported that defined by the APC. They also noted that Mr Andrews, the Community Representative, had been very definite about what residents would regard as Wellhouse and was culturally and geographically distinct from the surrounding area.

13.2.5 Accordingly the Committee agreed that the Neighbourhood should be defined as follows as the triangle bounded by :

To the South : the Edinburgh Road west to its junction with Bartiebeith Road

To the North and West : Bartiebeith Road up to its junction with Wellhouse Road

To the East: Wellhouse Road south to where it joined the Edinburgh Road.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

13.2.6 Having reached a conclusion as to Defined Neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the Defined Neighbourhood.

13.2.7 The Committee first looked at the question of capacity of the existing pharmacies, which were all located outwith the defined neighbourhood. During the presentation of the evidence they noted that:

- The Applicant's independent research had appeared to suggest that they were at capacity with regard to deliveries and supply of compliance aids. They noted that her presentation and answers concentrated on these two areas, which were not core services and little mention was made of the core services currently provided or proposed by the Applicant.
- The Community Representative had said that there were often shortages of medicines, resulting in two trips to collect repeat prescriptions. It was, however, noted that there were often manufacturer shortages which would affect all pharmacies and over which they had no control.
- Both Boots and Lloyds had given assurance that they were not at capacity and could cope with current and future demand. Both had been very emphatic that there was no problem with the supply of compliance aids or in undertaking deliveries. The Committee noted that both operated hubs for the preparation of compliance aids which was becoming the recognised way of doing this as it allowed for greater control and freed up the pharmacist time to deal with core services.

13.2.8 The Committee then considered the information contained within in the Consultation Analysis Report (CAR) and noted:

- Only 179 people had responded to the questionnaire, which was a low

response rate.

- This was disappointing given that the consultation had been advertised in the Press; on the Board's public website; through Twitter; on SOLUS screens of Public Engagement representatives; with a leaflet drop by the Applicant; the Applicant attendance at a Community Council Meeting.
- It appeared that most respondents (87%) had heard about the consultation through word of mouth.
- The typical resident in Wellhouse might have difficulty in engaging with the process which could lead to low response rates.
- The majority of the comments related to a new pharmacy being convenient because it was closer rather than a need.

13.2.9 The Committee noted that only 15 formal complaints had been received during the period March 2016 and March 2017. 10 of these related to medication incidents and only one each for supply issues and waiting times. They noted that there had been none regarding delivery or provision of compliance aids.

13.2.10 There had been anecdotal evidence from the Applicant via her visits to the pharmacies which appeared to show problems with compliance aids and deliveries. The Committee did not doubt her intentions but did not know what questions were asked and the evidence was not corroborated other than by a few comments in the CAR.

13.2.11 The Committee did not doubt the passion and commitment shown by the Community Representative. The supporting evidence, however, from some 30 members of the Community attending a meeting had appeared to be largely anecdotal with members of the community being unable or unwilling to fill in a form or write a letter to make a more formal complaint

13.2.12 The onus was on the Applicant to demonstrate an inadequacy of pharmaceutical provision in the neighbourhood. Despite ample opportunity in questioning to provide evidence that supported her application she was unable to do so. The Applicant had indicated that there was no pharmacy in the neighbourhood, that members of the local population had told her that they would like to see a pharmacy in Wellhouse. There was also no doubt of her desire and commitment to wanting to improve the health of the local population. She had not shown inadequacy in the core services.

13.2.13 In accordance with the statutory procedure, the Pharmacist Members of the Committee namely Mr Bryson, Mr Irvine and Mr Black left the room while the decision was made.

14 **DECISION OF THE COMMITTEE**

14.1 The Committee noted Lord Drummond Young set out legal text relating to adequacy in 2004. He described a 'two stage approach' in which the decision maker (PPC) must consider whether existing provision of pharmaceutical services in the neighbourhood is adequate. If it decides that such a provision is adequate, that is the end of the matter and the application must fail.

- 14.2** In considering the application, the Committee took account of all relevant factors concerning neighbourhood and adequacy of existing pharmaceutical services in the neighbourhood in which the premises were located, in terms of Regulation 5(10).
- 14.3** It also took account of all information available to it, which was relevant to the application. For the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services to the neighbourhood was adequate, given the level of service currently being provided by existing pharmacy contractors located outwith the neighbourhood. It was therefore neither necessary nor desirable to grant the application.
- 14.4** It was the unanimous decision of the PPC that the application be refused.

The Pharmacy members were invited back into the room and informed of the decision.

The Chair closed the meeting at 3.15pm.